

**MICHIGAN DEPARTMENT OF CAREER DEVELOPMENT
MICHIGAN REHABILITATION SERVICES**

APPLICATION FOR EMPLOYMENT SERVICES

Please Print

Resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen, type of Visa: _____
NOTE: A copy of the VISA is required.

I. PARTICIPANT DATA

Name (Last, First, Middle Initial)		Social Security Number		Date of Birth	
Address (No. & Street, Apt)		City		County	Zip Code
Area Code & Phone No. <input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> TTY		E-Mail Address			
Race/Ethnicity	Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Multi-Racial <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Married		Voter Registration <input type="checkbox"/> Currently registered <input type="checkbox"/> Not registered		<input type="checkbox"/> Would like to apply <input type="checkbox"/> Would not like to apply	
Are you a previous MRS participant? <input type="checkbox"/> Yes > <input type="checkbox"/> No		When?		Which office?	
Who referred you to MRS?					
Primary Disability		Cause	Limitations		
Other Disability		Cause	Limitations		
Are you currently under a physician's care for your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Who is providing treatment?			
Address					
Are you currently covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes >		<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Both Name of Insurance Coverage? _____			
Do you have a Michigan driver's license? <input type="checkbox"/> Yes > <input type="checkbox"/> No		Do you have a car, van or truck? <input type="checkbox"/> Yes <input type="checkbox"/> No > What is your means of transportation? _____			

What kind of job would you like and what services are you requesting from MRS?

IIa. SOURCES OF FINANCIAL ASSISTANCE (Which you are receiving)

Check those that apply and indicate amount	
<input type="checkbox"/> SSI \$ _____ Mo.	<input type="checkbox"/> Food Stamps \$ _____ Mo.
<input type="checkbox"/> SSDI \$ _____ Mo.	<input type="checkbox"/> Unemployment Compensation \$ _____ Wk.
<input type="checkbox"/> TANF (FIP) \$ _____ Mo.	<input type="checkbox"/> Workers Compensation \$ _____ Mo.
<input type="checkbox"/> State Disability Assist. \$ _____ Mo.	<input type="checkbox"/> V. A. Benefits \$ _____ Mo.
	<input type="checkbox"/> Other (specify) _____ \$ _____
Other assistance applied for:	

IIb. FOR SSI/SSDI "TICKET TO WORK" RECIPIENTS ONLY

Please provide a copy of your social security card, award notice letter from the Social Security Administration, and your IWP if working with another provider.

Type of benefit: (Check both boxes if you receive both SSI and SSDI.) <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	Have you received a "Ticket to Work" from SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving cash benefits under someone else's SSN? <input type="checkbox"/> Yes, Please give name and Social Security Number <input type="checkbox"/> No	
Have you assigned your ticket to any other provider? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, who?	

III. EDUCATION

High School Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	School at Application	Have you earned a General Education Development Certificate (GED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree and certificates earned		Field of Study		
Other training or job skills				

IV. EMPLOYMENT DATA

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What types of jobs have you held in the last year?	How many jobs have you had in the past year?
1. Employer Name (most recent)	Address (No. & Street)		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			
2. Employer Name	Address (No. & Street)		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			
3. Employer Name	Address (No. & Street)		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			

V. PERSONAL CONTACTS

Name	Relationship	Telephone No.	Voice
Address		TTY/Fax	
		e-mail address	
Name	Relationship	Telephone No.	Voice
Address		TTY/Fax	
		e-mail address	

VI. MEMBERS OF YOUR HOUSEHOLD

Name	Relationship	Age	Name of Employer	Wage
1				
2				
3				

VII. PARTICIPANT SIGNATURE

Your signature below means you are applying for MRS services because you wish to be employed.	
Participant's Signature (Parent or guardian, if applicable)	Date

VIII. MRS REPRESENTATIVE

The application has been reviewed, the participant has been provided an orientation to Agency services, and their rights and responsibilities have been discussed.	
Signature (MRS Representative)	Date